

Ucc-9544
10/3/17

**UNIVERSITY YOUTH RED CROSS
MAHARSHI DAYANAND UNIVERSITY ROHTAK
(Room NO. 104, Mechanical Block Building, UIET)**

Contact: 01262-393156, Email: mduyrcrohtak@gmail.com

No. YRC / 2016/ 136

Date 9/3/17

The Principal
All College affiliated with
M.D.U. Rohtak

Subject: Supply of Tri-Cycle/Wheel-Chair/Hearing Aid/Crèches & Walking Sticks to The Divyang Students.

Dear Sir/Madam,

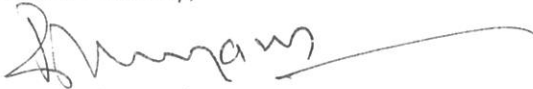
It is to inform you that a proposal for supply of Tri-Cycle/Wheel-Chair/Hearing Aid/Crèches & Walking Sticks free of cost to the needy Students is under consideration of University Youth Red Cross, M.D.U. Rohtak.

Please find enclosed herewith a copy of required form for the same, you are requested to please get the form completed from needy students of your college and returned the same to the undersigned latest by 20.03.2017 (after the stipulated date no form/application will be entertained) with your recommendations, so that required help could be extended to the needy students.

Please treat it as **MOST URGENT**

Thanking you,

Yours Sincerely,




Prof. Radhey Shyam

Programme Co-ordinator

Endst. No. YRC/16/ 136 to 141

Dated 9/3/17

1. C.C to O.S.D. to Vice Chancellor, M.D.U. Rohtak for kind information of the Vice-Chancellor-Cum-Chairman Y.R.C. MDU Rohtak please.
2. C.C to Registrar M.D.U., Rohtak for information please.
3. C.C. to D.S.W., MDU, Rohtak for information please.
4. C.C to Hony. Secy. Indian Red Cross Society, Haryana State Branch, Chandigarh for information please.
5. C.C. to P.R.C, MDU, Rohtak for information & necessary action please.
6. *Director Computer centre for uploading on the university website.*


(Programme Co-ordinator)

upload in notices & forms.
G. Sanyal

10/3

CO

Application for supply of Tri-Cycle / Wheel - Chair / Hearing Aid / Crèches & Walking Sticks

1. Name _____
2. Father's / Husband's Name _____
3. Date of Birth _____ Category: _____
4. Permant Home Address: _____
5. Phone / Mobile No.: _____
6. Class: _____ Roll No. _____
7. Monthly Income of Parents: _____



Signature of Applicant

8. Kind of Disabiility: _____
9. Assistance Required Recommended : _____
by Orthopadic Surgon _____

Signature & Seal of
Orthopedic Surgeon /
Civil Surgeon

Recommendation of Principal

Recommended and forwarded to the Co-ordinator University Youth Red Cross
M. D. University, Rohtak that the applicant's is a student of class _____
Roll No. _____ in the needs of _____ as also
recommended by the Orthopedic Surgeon / Civil Surgeon. The income of parents of applicant
Rs. _____ monthly from all sources, as per certificate submitted by the student.

Signature of Red Cross Counsellor

Signature & Seal of Principal